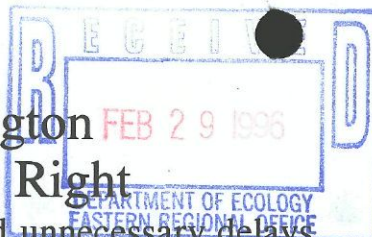




State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use

Fee Paid \$10.00

Date 3/21/96

2K

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Saddle Mountain Water Association Home Tel: (509) 488-2268
Mailing Address 2959 Kuhn Road Work Tel: (509) 488-3474
City Othello State WA Zip+4 99344 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Alan Rainey, Spink Engineers Home Tel: (509) 946-8447
Mailing Address 1332 Grandridge Blvd Suite 204 Work Tel: (509) 735-9808 946-1581
City Kennewick Richland State WA Zip+4 99336 + FAX: (509) 783-3145
Relationship to applicant Engineer

*Section 3. STATEMENT OF INTENT **No additional instantaneous demand required. This rate is consistent w/ certificate 2163-A.

The applicant requests a permit to use not more than 200 gpm (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of Domestic/Public Supply. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

(CONTINUOUS MULTIPLE DOMESTIC SUPPLY)
Estimate a maximum annual quantity to be used in acre-feet per year: 41 (additional)
ACRE-FT PER YEAR.

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From / / to / /

Section 4. WATER SOURCE

| If SURFACE WATER | If GROUNDWATER |
|--|--|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for <u>(1)</u> well(s). |
| Number of diversions: <u> </u> | |
| Source flows into (name of body of water): | Size & depth of well(s): <u>10", 865'</u> |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

113' south, 56' east of northwest corner of Section 15.

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|-------------|-------------|-----------|-----------|-------------|--------------|---|-----------|--------------|
| | | | | | | Lot | Block | Subdivision |
| <u>NW ¼</u> | <u>NW ¼</u> | <u>15</u> | <u>15</u> | <u>28 E</u> | <u>Adams</u> | <u>--</u> | <u>--</u> | <u>-----</u> |
| | | | | | | | | |

For Ecology Use Date Received: 1-09-96 Priority Date: 1-09-96

SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Date Accepted As Complete 4/25/96 By 2K Date Returned By 41 WRIA: 41

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Saddle Mountain Water Association
- B. Briefly describe your proposed water system. (See instructions.)
 The existing water system, approved by the Department of Health, consists of a 46,000 gallon storage tank, one well with a pump capable of 70 gpm, 5,273 feet of 4" PVC pipe, 13,616 feet of 4" steel pipe, 13,110 feet of 2" steel pipe, 10,436 feet of 1½" steel pipe, and 4,191 feet of 1½" PVC pipe.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 77 Type of connection Homes
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO
 If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.* Saddle Mountain Water Association is applying for an additional 41 acre-feet to serve these 77 connections.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

**** Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 2 **East Columbia Basin Irrigation District water available to all other acres.
- B. List total number of acres for other specified agricultural uses:
- | | | | |
|-----|-------------|-------|-----------|
| Use | <u>None</u> | Acres | <u>--</u> |
| Use | <u>None</u> | Acres | <u>--</u> |
| Use | <u>None</u> | Acres | <u>--</u> |
- C. Total number of acres to be covered by this application: 2
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application;
 ‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
 If yes, enter permit no: _____
- E. Farm uses: None
 Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

G329932

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

Existing, DOH approved, 46,000 gallon storage tank.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Othello:

1. Travel south on Highway 24 approximately 1 mile until Bench Road is reached.
2. Turn right (west) on Bench Road.
3. Travel west on Bench Road approximately 6 miles to O'Brien Road. This intersection is approximate northwest corner of Section 15.

Section 10. REQUIRED MAP

- A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

- A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

Saddle Mountain Water Association provides water to the
members of the Association.

- B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Alan Rasing, SPINK ENGINEERING
Applicant (or authorized representative)

2-27-96
Date

Billy L. Morris PL Secretary
Applicant

3-18/96
Date

George Allen President

3-20-96

I have examined this application as required by SEPA and find that it is: ☐ not an "action".

4/25/96 ☒ categorically exempt
DATE SIGNATURE

I have examined this application as required by SEPA and find that it is: ☐ not an "action".

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 6

- B. This application is for additional water for Saddle Mountain Water Association's approved water system.
- C. Department of Health is currently reviewing Saddle Mountain Water Association's Water System Plan submitted in December, 1995.
- D. The Conservation Plan is part of the Water System Plan.

| | |
|---|---|
| We are returning your application for the following reason(s): | |
| <input checked="" type="checkbox"/> Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210 |
| <input type="checkbox"/> Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: <i>signature required.</i> | |
| Please provide the additional information requested above and return your application by <u>April 4,</u> <u>1996</u> (date). | |

Ecology staff

Lene Drury

Date

3/5/96

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).